

Illinois Public Health Association
Maternal and Child Health Section

Reorganizing Illinois' Maternal and Child Health System

Rarely does the need and opportunity for substantial change converge with a vision and plan for change and the political will to bring that change about. Fortunately, this confluence of factors is present for the reorganization of Illinois' Maternal and Child Health (MCH) system. As we face stark economic challenges, we have the opportunity to leverage resources from currently "siloed" structures and create a system which allows Illinois to focus precious financial resources on evidence-based and prevention-focused interventions with measureable outcomes. This opportunity serves as the basis for this proposal.

The time has come to reorganize Illinois' Maternal and Child Health system in order to improve the health of all women and children, to strengthen the state's focus on eliminating racial, ethnic and cultural disparities in health status, to ensure that Maternal and Child Health programs remain grounded in public health practice, and to restore Illinois to a position of national leadership in public health and Maternal and Child Health.

Proposal

- 1) Create a new office in the Illinois Department of Public Health (IDPH) for the Maternal and Child Health Program:

The General Assembly should pass legislation to establish a new office within IDPH to house Illinois' Maternal and Child Health system. This new office must include:

- The Division of Health Promotion within IDPH and
- The former Division of Community Health and Prevention from the Illinois Department of Human Services (IDHS).

The transfer of programs from IDHS must include all of the appropriations, statutory authority, regulations, equipment, information systems, facilities and workforce headcount that were engaged in operating these programs at the end of State Fiscal Year (SFY) 2011.

2. Specify the qualifications for the Deputy Director responsible for this new office.

This proposal seeks to achieve more than simply a reallocation of staffing, IT, equipment and other resources. This new unit would be charged with developing a more integrated, effective and efficient system of Maternal and Child Health services. To accomplish this purpose, the legislation must also establish the requirements for the Deputy Director who will be responsible for the MCH system

and serve as Illinois' Maternal and Child Health/Title V Director. The position must be classified as a Deputy Director (reporting directly to the Director of Public Health) and the incumbent must:

- hold a doctoral degree in one of the health sciences;
- hold at least a master's degree in public health, and
- have several years of demonstrated leadership experience in public-sector Maternal and Child Health programs.

If the Maternal and Child Health Director is a physician, he or she must be board certified in obstetrics and gynecology, pediatrics or family practice. If the MCH Director is not a physician, then IDPH must appoint a medical director with these qualifications (board certification in one of these specialties and a master's degree in public health) to advise the MCH Director.

Background

Maternal and Child Health is a recognized specialty in public health practice¹ and academic training,² with roots reaching back to the 1909 White House Conference on Children. Current federal legislation for Maternal and Child Health is found in Title V of the Social Security Act.³ Title V provides a framework for the organization of state Maternal and Child Health Programs, and the largest share of federal support for Maternal and Child Health is distributed to states through the Maternal and Child Health Services Block Grant. The Block Grant supports services for pregnant women, mothers, infants, children, adolescents, children and adolescents with special health care needs and others, regardless of income or health status. The Block Grant also is based on tiers of services: health care provided directly to individuals; services that enable people to access health care services; preventive health services that are directed to the entire population; and the development of sufficient infrastructure to support the entire system. The Block Grant is not a single-purpose federal program; rather, it provides a comprehensive structure and flexible financial support to help states improve the health of *all* women and children through an integrated array of services.

Since the establishment of the Division of Child Hygiene and Public Health Nursing in 1917, the Illinois Department of Public Health has always had a unit dedicated to children's health.⁴ Prior to the Human Services Reorganization in 1997, Illinois' Maternal and Child Health program was located in the Illinois Department of Public Health's Office of Community Health; this office also administered the MCH Block Grant. In 1997, the Human Services Act transferred leadership of the MCH Block Grant

¹ Public Health Accreditation Board. (2011). Standards and measures version 1.0. Alexandria, VA: Author. Page 6.

² Thirteen university-based schools of public health across the nation, including the University of Illinois at Chicago, offer advanced degrees in maternal and child health as part of the federal Maternal and Child Health Training Program: <http://mchb.hrsa.gov/training/projects.asp?program=17>, accessed October 11, 2011.

³ Title V was part of the original Social Security Act in 1935.

⁴ <http://www.idph.state.il.us/webhistory19.htm>, accessed October 13, 2011

and many (but not all) Maternal and Child Health programs from IDPH to the new Illinois Department of Human Services, where they were combined with programs from the Illinois Departments of Alcoholism and Substance Abuse, Children and Family Services and Public Aid to form the Division of Community Health and Prevention. The Genetics (including newborn metabolic screening), Childhood Lead Poisoning Prevention, Oral Health, and Vision and Hearing Screening programs remained at IDPH. Subsequently, the Regionalized Perinatal Care and Diabetes Prevention and Control programs were transferred back to IDPH from IDHS. Block Grant funding was divided between the two agencies.

Title V requires that states allocate 30 percent of their Block Grant funds to serve Children (including adolescents) with Special Health Care Needs (CSHCN). Illinois is one of only four states⁵ that places responsibility for the CSHCN program in a different agency than the rest of the MCH Block Grant. The University of Illinois has operated this state's CSHCN program since 1957.⁶

The role of state CSHCN programs has changed over time, moving from payment for medical care to the development of a comprehensive, coordinated, family-centered system of care for these children and their families, a role closely aligned with the core functions⁷ of public health. In many states, CSHCN programs are exploring the life course approach⁸ and considering ways to better integrate CSHCN services with the rest of Title V. Better coordination between IDPH and DSCC will be required for Illinois to be in the vanguard in this approach as the two main components of Illinois' Maternal and Child Health system are in two separate agencies.

Over the last two decades, the Illinois Department of Healthcare and Family Services has collaborated closely with both IDPH and IDHS and has established a Bureau of Maternal and Child Health Promotion to support its MCH activities. In fact, federal law (provisions in Title V and Title XIX of the Social Security Act) requires an on-going, reciprocal and collaborative relationship between the Maternal and Child Health and Medicaid programs in each state. Illinois has benefitted from this close collaboration for more than 20 years. The coordination of policy between these programs must continue through the collaboration of the Maternal and Child Health and Medicaid Directors.

The separation of most Maternal and Child Health programs from IDPH has weakened both IDPH and the MCH Program. In fact, in his SFY'12 Budget, Governor Quinn proposed the dissolution of Illinois' Maternal and Child Health program altogether, sending some programs back to the Illinois Department of Public Health, some to Children and Family Services and some to the Illinois Violence Prevention Authority, while distributing most of the Maternal and Child Health program to other divisions

⁵ The others are Alabama, California and Oklahoma

⁶ 110 ILCS 345, The Specialized Care for Children Act

⁷ Institute of Medicine, Division of Health Care Services, Committee for the Study of the Future of Public Health. (1988). The Future of Public Health. Washington, D.C., National Academy Press. Page 43.

⁸ Fine, A; Kotelchuck, M; Adess, M; Pies, C. (2009). Policy brief: A new agenda for MCH policy and programs: integrating a life-course perspective. Martinez, CA: Contra Costa Health Services. October 2009.

within the Illinois Department of Human Services. In the Governor's proposal, the MCH Block grant and programs closely related to it – such as the federal Healthy Start initiative and Targeted Intensive Prenatal Case Management -- would have moved to IDPH, separating them from closely-aligned programs including Family Case Management and WIC,⁹ which would have remained at IDHS. However well intentioned, the Governor's proposal would have further fragmented and weakened the current system. While we agreed with the budget proposal to move the MCH Block Grant back to IDPH, a more comprehensive approach should have been used. Through the efforts of IPHA and its partners, this fragmented approach was not enacted. However, the Division of Community Health and Prevention was dissolved and its programs have been merged into the IDHS Division of Human Capital Development to form the Division of Family and Community Services. This has left the State of Illinois without a specialized locus of responsibility for women's and children's health and without an appropriately qualified Maternal and Child Health leader.

Rationale for a Reorganized Maternal and Child Health System

The Illinois Public Health Association envisions an integrated Maternal and Child Health system that promotes the health of all women and children, including children and youth with special health care needs (CYSHCN), within the Illinois Department of Public Health and under the direction of a qualified leader. Illinois' Maternal and Child Health programs should be placed under common leadership within the Illinois Department of Public Health to ensure consistent direction and focused effort, effectiveness and efficiency, in an agency that, by its statutory purpose, supports the mission of Maternal and Child Health. Creation of such a system will enable improvements in services and further reduce disparities in the health of women of child-bearing age, new and expectant mothers, infants, toddlers, school-aged children, adolescents and children and youth with special health care needs. This system will be designed to intervene collaboratively and comprehensively, addressing the social determinants of health in order to improve health across the life span.

The reorganized system must also be an appropriately funded, administratively flexible and less burdensome structure that streamlines reporting and accounting requirements.

The detailed rationale for the proposed transition of all MCH Programs to IDPH is presented below. Uniting Illinois' MCH programs within IDPH under demonstrated Maternal and Child Health leadership will:

1. Eliminate Fragmentation - Illinois' Maternal and Child Health system consists of programs in the Illinois Department of Human Services, the Illinois Department of Public Health, and the University of Illinois at Chicago Division of Specialized Care for Children. These disparate parts of the system do not have common leadership, common expectations, or shared objectives.

⁹ The federal Special Supplemental Nutrition Program for Women, Infants and Children

In large part, the system was fragmented in 1997 when most – but not all – public health programs for women and children at the Illinois Department of Public Health were moved to the Illinois Department of Human Services. This weakened both the Maternal and Child Health system specifically and Illinois' public health system generally. It became the responsibility of local service providers – especially local health departments – to hold the system together at the same time that administrative burden and complexity were doubled. For local health departments and other organizations, funds came from two, rather than one, state agency, and with them came duplicative record keeping, reporting and auditing requirements, resulting in the diversion of resources from direct services in order to maintain this burdensome administrative structure.

This fragile system was further fragmented when the Division of Community Health and Prevention was dissolved in summer 2011 and its programs were merged into the Division of Human Capital Development. Illinois no longer has a distinct locus of accountability at the state level for Maternal and Child Health, in contrast with every other state in the nation.

2. Align State-level Program Structure with Accepted Practice. The promotion of Maternal and Child Health is regarded as an essential part of the profession, practice and organization of governmental Public Health in the United States. Most states have recognized that concentrating state and federal resources for the improvement of maternal and child health in the state health department is the most effective structure. However:

- Illinois is the only state or territory that has placed leadership of the Maternal and Child Health Block Grant program outside the state health department;
- Illinois is one of only four states¹⁰ or territories that have placed leadership of the program for Children with Special Health Care Needs outside of the state health department;
- Therefore, Illinois is the *only* state or territory that has placed leadership of the *entire* Maternal and Child Health system – including children with special health care needs – *outside* the state health department;
- Illinois is the only state or territory that has placed responsibility for the Special Supplemental Nutrition Program for Women, Infants and Children outside the state health department; and
- Illinois is one of only 14 states or territories that has placed responsibility for the Title X family planning program outside the state health department.

¹⁰ The other states are Alabama, California and Oklahoma

Leadership of Illinois' system of Maternal and Child Health programs – fundamentally a public health approach to improving the health of women, children and families – is outside of the state department of public health.

3. Increase Focus on Reducing Health Disparities -- Three important Maternal and Child Health indicators are the infant mortality rate, the maternal mortality rate and the teen birth rate. Unacceptable racial and ethnic disparities persist in these areas:

- In 2008 in Illinois, the infant mortality rate (a measure of the frequency of death during the first year of life) among black infants (13.9 deaths per 1,000 live births) was 2.4 times higher than the rate among white infants (5.8 per 1,000).
- In 2008 in Illinois, the maternal mortality rate (which compares the number of maternal deaths for any reason during pregnancy or 43 days after giving birth to the number of live births) among black women (25.3 deaths per 100,000 live births) was nearly *six times higher* than the rate among white mothers (4.4 per 100,000).
- In 2007 in Illinois, there were 20.7 births for every 1,000 non-Hispanic white adolescent between 15 and 19-years of age, compared with 77.9 births for every 1,000 non-Hispanic black adolescents and 75.3 births for every 1,000 Hispanic adolescents.¹¹

Integrating the state's Maternal and Child Health effort at IDPH will bring a more coherent and evidence-based approach to the reduction of Illinois' persistent and unacceptable disparities in health status between Illinois' majority and racial, ethnic and cultural minorities. This reorganization will reunite the Regionalized Perinatal Care, Adverse Pregnancy Outcome Reporting and newborn screening programs with Family Planning, Family Case Management, WIC, Healthy Start, Targeted Intensive Prenatal Case Management and other efforts and bring these combined resources to bear on the reduction of racial and ethnic disparities in health status.

4. Improve Performance – Uniting all of Illinois' Maternal and Child Health programs in the Illinois Department of Public Health will integrate what are now separate approaches and improve overall performance. Eliminating fragmentation and duplication at the state level will provide one locus of accountability for local health departments and community agencies and will allow those who receive state MCH funds to more effectively integrate direct service provision.

5. Afford Maternal and Child Health Program Managers Better Access to Data -- Much of the data needed to monitor key maternal and child health indicators is housed at IDPH, and both legal barriers and limited staff capacity at IDPH impedes the ability of Maternal and Child Health epidemiology and program staff at IDHS to monitor trends and pinpoint the highest risk populations in a timely fashion. Reintegrating

¹¹ Mathews TJ, Sutton PD, Hamilton BE, Ventura, SJ. State disparities in teenage birth rates in the United States. NCHS data brief, no 46. Hyattsville, MD: National Center for Health Statistics 2010

the “data” with the management of programs and services is essential for reducing racial and ethnic disparities and improving program performance.

6. Provide Strong, State-Level Maternal and Child Health Leadership. Maternal and Child Health is a distinct specialty within the profession of public health; it requires knowledge and skills that differ from those required for social welfare, environmental health or health facilities regulation. The design, implementation, management and evaluation of the Maternal and Child Health system requires state-level leadership with specialized professional expertise in public health and demonstrated leadership experience in Maternal and Child Health. An experienced Maternal and Child Health professional at a senior level within the state health department will provide Illinois with a leader who has the vision to ensure that women and children are not left behind in the fight for funds as well as the vision to partner with staff across state government and the private sector to implement a Maternal and Child Health system that is based on a life course approach to improving the health of *all* women, children and families.
7. Build a Strong State Health Department – Recombining the state’s Maternal and Child Health programs at IDPH will build a stronger state health department. The mission, vision and values of public health differ from those of social welfare or human services. Over time, the separation of the Maternal and Child Health program from the state health department has weakened both. As a result, Illinois runs the risk of falling behind the rest of the nation in adapting its programs to the life course approach to Maternal and Child Health programming and remaining “cutting edge.” The effect is synergistic – the state health department is more than the sum of its parts – locating the entire Maternal and Child Health program within IDPH will build the department’s infrastructure in areas such as epidemiological analysis, financial management and information technology, and will build its relationships with local service providers (in addition to local health departments), leaving IDPH better prepared to respond to public health emergencies and other new and emerging conditions.
8. Strengthen the Local Public Health System. Local health departments are unique organizations: they are community-based; they are focused on prevention and improving the health of the entire population in their jurisdictions; they are staffed with health professionals and, as units of local government, are uniquely accountable to the communities they serve. As such, they are in the best position to lead the development of public health policy and systems in their communities. However, Illinois’ local public health system includes many more organizations than its 96 local health departments. The public health care needs of Illinois’ population are diverse and complex. No one agency can address them all. As such, each local health department has a responsibility to *assure*¹² that public health services are available to the citizens they serve. Sometimes this is achieved by the direct services of the local health department. More often it is achieved through

¹² Institute of Medicine, Division of Health Care Services, Committee for the Study of the Future of Public Health. (1988). *The Future of Public Health*. Washington, D.C., National Academy Press. Page 43.

collaboration with community partners. Combining Illinois' Maternal and Child Health programs under the leadership of one state-level organization will improve the overall coordination of Illinois' local public health system.

9. Better Prepare for Health Care Reform – Many provisions of the Patient Protection and Affordable Care Act address both disease prevention and health promotion – the mission of public health and the mission of Maternal and Child Health.¹³ The state and local health departments have established relationships with every sector of the health care delivery system; public health is uniquely positioned to shape the implementation of health care reform in Illinois. Placing the state's Maternal and Child Health programs within the state health department ensures that the implementation of these provisions is part of a well-coordinated strategy, that the needs of women and children, including children with special health care needs, are addressed at the state and national levels and that all of the resources within the state health department for both chronic disease prevention and Maternal and Child Health are leveraged effectively and efficiently.
10. Improve the Public Health System's Position for National Accreditation – The federal Centers for Disease Control and Prevention, with support from the Robert Wood Johnson Foundation, has recently completed preparations for accrediting state and local health departments. The national Public Health Accreditation Board recognizes Maternal and Child Health as a core component of public health and anticipates that these programs will be under the direction of the state public health director. Bringing the entire Maternal and Child Health program into IDPH will significantly improve the position of both IDPH and local health departments as they begin the process of national accreditation.
11. Focus on Public Health - Not Just Poverty Reduction - The Maternal and Child Health system is aimed at improving the public's health, not alleviating the burden of poverty. The Maternal and Child Health system takes a public health approach to the design, implementation and evaluation of services. First, this means that it is focused on the promotion of health, the avoidance of risky behavior, the prevention of disability and disease, broadly defined, as well as untimely death. Second, this means that it is concerned with the health of the entire population – *all* women, children and families – not just those of limited income or those with particular physical, behavioral or developmental challenges. Third, this means that it shares a commitment to using the science of epidemiology to target resources to those of highest risk. These are core public health concepts and strategies that illustrate why these programs belong at the state health department, not the state department of human services. The key question is, *what is this person's risk of adverse health consequences?*, not, *what is this person's income?* These programs improve population health by targeting high risk populations, not just low-income families. While alleviating the burden of poverty is an important part of improving health

¹³ Association of Maternal and Child Health Programs. (2011). The patient protection and affordable care act: Summary of key maternal and child health-related highlights with updates on status of implementation. Washington, DC: Author.

status, public health's focus is on preventing and alleviating the burden of disease in the whole population, including those who with limited incomes.

As a case in point, the federal Special Supplemental Nutrition Program for Women, Infants and Children, better known as WIC, provides both nutrition education and supplemental food packages *prescribed by a health care professional* to reduce low birth weight, prevent infant mortality, and prevent childhood obesity. The federal Supplemental Nutrition Assistance Program, better known as SNAP and previously known as Food Stamps, makes it possible for low-income families to purchase additional food. SNAP lacks WIC's explicit focus on the promotion of health and prevention of disease. SNAP is focused on alleviating the burden of poverty; WIC is focused on improving the health of women and children.

12. Strengthen and Integrate Maternal and Child Health with Adult Health Programs – Bringing the Maternal and Child Health program together with the IDPH Office of Health Promotion offers the unique advantage of combining Maternal and Child Health with Chronic Disease Prevention efforts. Some of the programs within the IDPH Office of Health Promotion were part of the Maternal and Child Health system at the time of the 1997 reorganization. Many chronic disease prevention efforts include a focus on children and adolescents (increasing physical activity and improving nutrition to prevent obesity, preventing tobacco initiation, use and addiction). There are programs within the former Division of Community Health and Prevention that specifically target adults (Family Planning, Farmers' Market Nutrition and Commodity Supplemental Food Programs). Bringing these efforts together will strengthen both.

Illinois' Maternal and Child Health program was once the focus of support and attention within the Governor's office and the Illinois General Assembly, which led to major public health initiatives like Parents Too Soon, Families with a Future, and Healthy Families Illinois. Once a prominent part of the state health department, the Maternal and Child Health program now represents only 13.5 percent of IDHS' budget. With a new locus at IDPH, its restoration to prominence in that agency and the presence of strong, visionary leadership, the increased visibility will lead to new initiatives to improve the health of women, children and families.

The Integrated Maternal and Child Health System

The goal of reorganizing the Maternal and Child Health system is to create a comprehensive and integrated set of services to promote the health of women, infants, children, adolescents and children and youth with special health care needs. An integrated system is in a better position to reduce duplication, promote collaboration, and improve efficiency and effectiveness. In public health, this translates into women who are healthier before and during pregnancy, fewer infant deaths, fewer children with developmental challenges, parents who are better equipped for their role and young children who are better prepared for school, adolescents and pre-adolescents who build

on their strengths and avoid risky actions, and families of children with special health care needs who have access to the services and supports they need.

This reorganized system also brings the opportunity, responsibility and capacity to measure and improve performance and evaluate the effectiveness of these interventions and translate data into the information needed for decision-making. Placing MCH programs within one agency overcomes otherwise insurmountable legal obstacles to the exchange of data among programs. Illinois' Maternal and Child Health system will be in a stronger position to use data to identify needs, set priorities, target resources and measure impact – in short, to be data-driven -- if placed in IDPH. The reorganization will also attract more qualified MCH leaders, epidemiologists and program managers, which will further strengthen the state's capacity.

The new office will also maintain the working relationships that have been established with other agencies in federal, state and local governments, community service providers, advocates, provider associations, universities and others interested in the health of Illinois' families.

The benefit of this reorganization is illustrated by the program efforts and resources that will be brought to bear in integrated and coordinated strategies to improve the health of Illinois' women, children and families. These programs are listed below for each major area of impact:

Reproductive Health – Illinois' progress in reducing infant mortality has depended upon two important programs – the regionalized system of perinatal care services (presently at IDPH) and the integrated WIC and Family Case Management programs (presently at IDHS). This reorganization will reunite these programs. The state's efforts to reduce infant mortality will also be strengthened by the reunification of:

- The Adverse Pregnancy Outcome Reporting System, High Risk Infant Follow Up, Vital Records and the Pregnancy Risk Assessment and Monitoring System from IDPH with:
- The Family Planning, Family Case Management, WIC, Folic Acid Education and Prematurity prevention campaign, Breastfeeding Peer Counseling, Fetal Alcohol Spectrum Disorder prevention, Doula, Healthy Start and Targeted Intensive Prenatal Case Management programs from IDHS.

Early Childhood – The economic benefits of investing in early childhood development through a comprehensive array of services and supports -- including home visitation, high-quality early care and education, infant mental health services, early intervention for infants and toddlers with developmental delays, access to preventive and primary health care and other services – has been established as an evidence-based

strategy.^{14,15} In addition to the programs addressing Reproductive Health, this reorganization will create a truly comprehensive system of early childhood health services by reuniting:

- The Immunization, Newborn Metabolic Screening, Newborn Hearing Screening and Childhood Lead Poisoning Prevention programs from IDPH with:
- The Part C Early Intervention, Family Case Management, WIC, High Risk Infant Follow up, Healthy Families Illinois, Strong Foundations,¹⁶ HealthWorks of Illinois, Healthy Child Care Illinois, Early Childhood Comprehensive Systems Initiative, All Our Kids Early Childhood Networks and Project LAUNCH from IDHS.

These programs will coordinate their efforts through the Early Learning Council and the Governor's Office of Early Childhood Development and work closely with the Child Care program and the Division of Mental Health at IDHS, the Division of Early Childhood Education at the Illinois State Board of Education and the Illinois Department of Children and Family Services.

School-Aged Children and Adolescents. The proposed reorganization will reunite key public health efforts directed to improving the health of school-aged children and adolescents with the adolescent health promotion programs that came to the Division of Community Health and Prevention from the former Department of Alcoholism and Substance Abuse and the former Illinois Department of Public Aid in 1997:

- The Oral Health and Vision and Hearing Screening programs from IDPH with:
- The School Health Technical Assistance, Coordinated School Health and School-Based Health Centers, Primary Teen Pregnancy Prevention, Teen Parent Services, Subsequent Pregnancy Prevention, Responsible Parenting, Childhood Asthma, and Parents Too Soon programs from the IDHS Bureau of Child and Adolescent Health;
- The Substance Abuse Prevention system (including Community Youth Services, Enforcing Underage Drinking Laws and Partnerships for Success), as well as the AmeriCorps program, from the IDHS Bureau of Community-Based and Primary Prevention; and

¹⁴ Heckman, J.J. Letter to the Joint Select Committee on Deficit Reduction, September 21, 2011. <http://www.heckmanequation.org/content/resource/letter-joint-select-committee-deficit-reduction>. Accessed October 17, 2011.

¹⁵ Braveman, P, Sadegh-Nobari, T, and Egerter, S. (2011) Early Childhood Experiences: Laying the Foundation for Health Across a Lifetime. Princeton, New Jersey: Robert Wood Johnson Foundation..

¹⁶ The federal Maternal, Infant and Early Childhood Home Visiting program authorized by the Patient Protection and Affordable Care Act.

- The programs and services of the IDHS' Bureau of Youth Services and Delinquency Prevention, including Teen REACH, Comprehensive Community Based Youth Services, Delinquency Prevention, Communities for Youth, Illinois Steps AHEAD, Homeless Youth, Juvenile Delinquency Alternatives Initiative, Redeploy Illinois, Disproportionate Minority Contact, Transportation and Jail Removal, Release Upon Request, Truancy Review Boards, Safety Net, Team Illinois, Partners for Hope, and Unified Delinquency Intervention Services.

This is a vital aspect of the proposed reorganization. One of the significant gains of the human services reorganization in 1997 was the combination of the state's previously fragmented efforts to improve the health of adolescents into one unit within state government. This integration must be preserved in this reorganization in order to address three primary and closely interrelated risk behaviors in adolescence: sexual activity, substance abuse and juvenile delinquency. This new unit will maintain a close working relationship with the Division of Alcoholism and Substance Abuse within IDHS, since financial support for the substance abuse prevention program is provided by the federal Substance Abuse Prevention and Treatment Block Grant.

Children and Youth with Special Health Care Needs (CYSHCN) – Illinois' CYSHCN program is operated by the University of Illinois at Chicago Division of Specialized Care for Children. The role of state CYSHCN programs has changed over time, moving from payment for medical care to the development of a comprehensive, coordinated, family-centered system of care for these children and their families, a role closely aligned with the core functions of public health. In many states, CYSHCN programs are exploring the life course approach¹⁷ and considering ways to better integrate CYSHCN services with the rest of Title V.

The proposed reorganization should strengthen collaboration between IDPH and DSCC in several ways:

- The Deputy Director for Maternal and Child Health at IDPH should chair DSCC's primary advisory committee, and the Director of DSCC should be added to the MCH Advisory Board;
- Families who receive services through DSCC should receive information about services that are available through the MCH program at IDPH;
- Regional administrators at DSCC should meet regularly with local health departments and other MCH service providers in their regions
- The MCH and CSCHN directors should jointly conduct surveillance activities to monitor the health of all women, infants, children, adolescents and children and youth with special health care needs; and
- The MCH and CSCHN directors should work together to improve the integrated delivery of preventive, primary and tertiary services to women, infants, children, adolescents and children and youth with special health care needs.

¹⁷ Fine, A; Kotelchuck, M; Adess, M; Pies, C. (2009). Policy brief: A new agenda for MCH policy and programs: integrating a life-course perspective. Martinez, CA: Contra Costa Health Services. October 2009.

Women's Health and Safety – The proposed reorganization will also bring two major program areas – the Office of Women's Health in IDPH and the Bureau of Domestic and Sexual Violence Prevention in IDHS – together in one agency in order to more comprehensively address the needs of adult women.

Adult Health – In addition to the interventions to promote women's health and safety, the new unit will combine the chronic disease prevention programs presently located in IDPH's Office of Health Promotion with several adult health programs from the former Division of Community Health and Prevention, including the Commodity Supplemental Food Program and the Farmer's Market Nutrition Program. The reorganization will improve the state's efforts to prevent chronic disease by combining chronic disease programs with the Maternal and Child Health system in order to deliver evidence-based prevention strategies to children, adolescents and families across the state.

Transition

The transition must be planned carefully. These are complex programs supported by a complex infrastructure. The former Division of Community Health and Prevention in IDHS was responsible for one of the most complex and interrelated budgets of state and federal funds of any agency within state government. Many of these programs are supported by Cornerstone, a large and complex management information system which currently supports programs at both IDHS and IDPH. The transfer must include all of these resources so that IDPH has all of the human, legal and material resources it needs to operate these programs effectively.

This transfer should be accomplished thoughtfully, carefully and strategically, over the course of at least one state fiscal year.

The Illinois Department of Public Health, the Illinois Department of Human Services and the University of Illinois at Chicago Division of Specialized Care for Children should collaborate earnestly and diligently to effect this transfer.

It is our recommendation that the Director of Public Health appoint a transition team which includes relevant management and staff of the affected agencies, advocates, advisory bodies, faculty from the University of Illinois at Chicago School of Public Health, and other consultants as the Director shall deem necessary to advise him or her and the Governor on the creation of the nation's finest system of Maternal and Child Health services for the benefit of all women, infants, children, adolescents and children and youth with special health care needs.

Summary

For effectiveness and efficiency, to improve the health of all women and children and to reduce disparities in health status, the Illinois Public Health Association recommends that the Illinois General Assembly strengthen Illinois' Maternal and Child Health system

by consolidating programs from the former Division of Community Health and Prevention at IDHS with the Office of Health Promotion at IDPH in a new office within the Illinois Department of Public Health and by specifying the qualifications for a Maternal and Child Health professional to lead that new office.

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